Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

http://www.dmas.state.va.us

MEDICAID MEMO

TO: All Virginia Medicaid Participating Healthcare Providers and Managed Care Organizations

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 9/18/2014

SUBJECT: Health and Acute Care Program (HAP) — Effective December 1, 2014

Currently, more than 76,000 elderly or individuals with disabilities have their health care needs successfully managed by one of six Medicaid contracted Medallion 3.0 managed care organizations (MCOs) serving 134 localities across Virginia. This includes approximately 4,600 individuals who are concurrently enrolled in one of five Medicaid home and community-based services (HCBS) waivers: {the Elderly or Disabled with Consumer Direction (EDCD) Waiver, the Intellectual Disability (ID) Waiver, the Individual and Family Developmental Disabilities Support (IFDDS) Waiver, the Day Support (DS) Waiver, and the Alzheimer's Assisted Living (AAL) Waiver.}

Effective December 1, 2014, the Department will launch the **Health and Acute Care Program (HAP)**. This initiative will allow eligible HCBS waiver enrollees to receive their acute and primary medical care through one of the six Medallion 3.0 managed care health plans. The individual's home-and-community based care waiver services, including transportation to the waivered services, will continue to be paid through the Medicaid fee-for-service system as a "carved out" service. Providers participating in Medicaid and/or the Medicaid managed care health plans are **strongly encouraged** to verify eligibility via MediCall, ARS, or via the MCO before services are rendered.

As part of the HAP initiative, approximately 2,700 individuals enrolled in the Elderly or Disabled with Consumer Direction (EDCD) Waiver who currently receive acute medical services in the fee-for-service program and who are eligible for managed care (i.e., do not have any managed care exclusions) will be transitioned into managed care in December. As with the current managed care enrolled HCBS individuals, the EDCD waiver individuals will receive acute and primary medical services through the managed care health plans and waiver services through fee-for-service. These individuals will receive letters in October and November about the upcoming changes (see attached).

Please refer to the attached FACT SHEET for detailed information on the program.

Waiver Providers

All current home and community-based waiver services, enrollment, and service authorization requirements and limitations will remain in effect.

Additional Information

DMAS is working to make the transition to the program as seamless as possible for members and providers. In order to facilitate this transition, DMAS has hired a designated staff person to address any questions or issues that arise regarding authorization, coverage, and provision of services.

Information is posted on the DMAS website at http://www.dmas.virginia.gov/Content_pgs/SPI.aspx. The Department also has recorded a WebEx that provides additional information on the program. Please visit the DMAS website at https://dmas.webex.com/mw0401l/mywebex/default.do?siteurl=dmas to access the training information. Once at the site, click on "Recorded Sessions" on the left of the screen and select "HAP Information for LTC Providers" from the list of Topics. Questions about the program may be sent via email to HAP@dmas.virginia.gov.

MediCall and ARS and Web-based Eligibility

Providers may call MediCall at **800-884-9730 or 800-772-9996** to verify eligibility. The MediCall line will provide member eligibility, special indicator codes, Managed Care Program assignment (including coverage dates), and MCO name.

MediCall is operational 24 hours a day, 365 days a year. Although MediCall is designed to be accessed by touch-tone phone, dial phone may be used. A live operator is available 8:30 a.m. to 4:30 p.m. Information required to use MediCall includes your National Provider Identifier (NPI) number or your Atypical Provider Identification (API) number, the Recipient Medicaid ID number OR the Social Security Number and date of birth, and the From and Through date(s) of service--a single date or dates spanning not more than 31 days. Providers also may check reimbursement, check status inquiry, and claims status inquiry from the most recent three remittances.

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, MCO enrollment, claims status, checks status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov.

MANAGED CARE ORGANIZATIONS

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx.

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a new initiative to coordinate care for individuals who are currently served by both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx to learn more.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at http://dmas.kepro.com.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219
www.dmas.virginia.gov

HEALTH AND ACUTE CARE PROJECT (HAP) FACT SHEET

Background: **ALTC Phase 1**	Currently, the managed care health plans provide acute care coverage for approximately 4,600 home and community-based services (HCBS) waiver individuals through the Acute and Long-Term Care (ALTC) Phase 1 program. This includes individuals enrolled in the Elderly or Disabled with Consumer Direction (EDCD), the Intellectual Disability (ID) Waiver, the Individuals and Family Developmental Disabilities Support (IFDDS) Waiver, the Day Support (DS) Waiver, and the Alzheimer's Assisted Living (AAL) Waiver. ALTC Phase 1 was created in 2007. Under the Phase 1 program, if a managed care enrolled Medicaid member subsequently becomes eligible and enrolled into one of five HCB waivers, they remain enrolled with the health plan for primary and acute care services. All long-term care services are covered under the fee-for-service waiver program. ALTC Phase 1 members have been easily maintained in the managed care model because they were in managed care prior to enrollment into HCB waiver services and preferred to remain in that model for acute care services where they continue to access their health care providers.
What's New: **HAP**	Effective December 1, 2014, the Department will launch the **Health and Acute Care Program (HAP)**. The Health and Acute Care Program will include Medicaid individuals who will be concurrently enrolled in the managed care delivery system and one of five home and community-based waivers. Home and community-based individuals currently enrolled with the managed care health plans as part of the ALTC Phase 1 Project will remain in their current health plan. As part of this new initiative, the Department will begin the process to transition individuals in the Elderly or Disabled with Consumer-Direction (EDCD) waiver, who currently receive acute and primary medical services in the fee-for-service program and who are eligible for managed care, i.e., do not have any managed care exclusions, into one of the six (6) Medallion 3.0 managed care health plans for acute care services only. The December transition will affect approximately 2700 EDCD individuals. This initiative will allow eligible HCBS waiver individuals to receive their acute and primary medical care through one of the managed care health plans. The individual's home-and-community based care waiver services, including transportation to the waivered services, will be paid through the Medicaid fee-for-service system as a "carved out" service. With this transition, we anticipate there will be some disruption in access to the individual's current acute care provider, as some acute care providers will not be in the health plan's network. The Medallion 3.0 managed care health plans will facilitate the effective transition of members from the fee-for-service system.

Who is Not Eligible?	This initiative does not apply to: • Individuals in the Technology Assisted Waiver • Dual Eligibles (receiving Medicare and Medicaid) and other comprehensive insurance (TPL) • CCC enrollees • HIPP Enrollees • PACE Individuals • Nursing Facility Residents • Out of State Placements
Provision of Services	Under the new initiative, HAP individuals will receive their primary and acute care services through the managed care delivery model. Their home and community-based care waiver services will continue to be provided through the Medicaid fee-for-service program. The managed care health plans will be responsible for the coordination of acute care services. The health plans will not be responsible for the coordination of acute services with any necessary waiver services and there will be no case management of waiver care services. All current service authorization requirements and limitations remain in place: • MCOs shall authorize and provide acute and primary medical care services, pharmacy related services, and transportation to medical appointments and acute care services. • Waiver enrollments, authorization, and provision of waiver services will be handled under the current contractors, processes, and providers {KePRO or DBHDS}. • Magellan shall continue to authorize and process all community mental health services. • DentaQuest shall continue to authorize and process all dental related services. • LogistiCare shall continue to authorize and perform all waiver related transportation services. • PPL shall continue to handle all consumer directed fiscal/employer agent responsibilities.
Enrollment	Individuals can participate as a Medallion 3.0 HAP member in one of two ways: ➢ If an MCO enrolled Medicaid member subsequently becomes eligible and enrolled into one of five HCB waivers, they remain enrolled with the MCO for acute care services. ➢ EDCD individuals who currently receive acute medical services in the fee-for-service program and who are eligible for managed care, i.e., do not have any managed care exclusions, will be enrolled into managed care. Maximus, the Department's contracted managed care enrollment broker, will handle inquiries and enrollment into the health plans. All current policies regarding the individual's choice of MCO shall apply.
Questions	Contact ➢ HAP@dmas.virginia.gov

Member Notification #1

Date: Letter Date
Case: xxx -

(Case Name and Case Address)
X
X
X
X

Dear Enrollee:

This letter is to let you know about a new program at Virginia Medicaid. It is called the Health and Acute Care Program or HAP. This program will provide all of your medical care services through a Virginia Medicaid managed care organization or (MCO).

This program will begin December 1, 2014 and it is for individuals, like you, who are in the Elderly or Disabled with Consumer Direction waiver. You will receive services for hospital care, doctor appointments, including transportation, from the MCO.

The new program does not change your long-term care waiver services. This means the aide that is providing you care at home may continue to provide those services for you through the waiver. All of your long-term care waiver services will continue to be provided through your Elderly or Disabled with Consumer Direction waiver.

You will be receiving another letter next month that will give you information about choosing a managed care organization. To find out more information about the MCOs, you may want to contact the Managed Care Helpline at

- 1-800-643-2273 (TDD 800-817-6608)

or

- go to the managed care website at www.virginiamanagedcare.com

Talk to your physician today to find out the Medicaid MCO in which they participate. The change to receiving medical services through an MCO cannot be appealed. This program is exciting and we will send you more Medicaid MCO information in October.

Member Notification #2

Date: Letter Date
Case: xxx
Case Name and Case Address
xxx
xxx
xxx
xxx

It's Time to Choose a Managed Care Organization (MCO):

Welcome to the Health and Acute Care Program (HAP). You are receiving this letter because our records indicate that you are currently enrolled in the Elderly or Disabled with Consumer Direction Waiver. Beginning December 1, 2014, you will receive all of your medical care services (e.g., medical appointments, hospitalizations) through a Virginia Medicaid managed care organization (MCO) to assure that you are getting the best possible health care. All of your Long-Term Care waiver services will continue to be provided through your Elderly or Disabled with Consumer Direction Waiver. The change to receiving medical services through an MCO cannot be appealed.

To find out which managed care organizations (MCOs) are available where you live and make a selection, you may contact the Managed Care Helpline at

1-800-643-2273, TDD 1-800-817-6608
or
go to the managed care website at www.virginiamanagedcare.com and select "Choosing an MCO"

The Helpline is available Monday – Friday, 8:30 a.m. – 6:00 p.m. (Translation Services Available) to assist you with:

- Answering any questions you have about MCOs or this letter,
- Finding out if your doctor is in the MCO you want,
- Selecting the MCO you want for your medical care.

If you do not make a MCO selection by November 18th, one will be selected for you. Before December 1st, you will receive notification and additional information about your MCO enrollment and how to make a change if desired. The MCO also will mail you a packet containing your MCO ID card and a member handbook. Remember to take your blue and white plastic DMAS medical assistance card and your MCO ID card with you when you receive any type of services.